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CONFIRMATION NO. 8427

SERIAL NUMBER	FILING OR 371 (c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET
10/671,074	09/25/2003 RULE	435	1635	HTS 0008US

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/260,203 09/26/2002 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none

## IF REQUIRED, FOREIGN FILING

LICENSE GRANTED \*\* 11/19/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 41	INDEPEN CLAIM 3
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

56907

## TITLE

Modulation of forkhead box O1A expression

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Process Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
1458		

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